

MIOSHA "Take a Stand Day"
Request for Consultative Assistance

For the fifth annual Take a Stand Day on August 26, 2009,
all MIOSHA Divisions (enforcement & consultation staff) will be available
to provide a free day of consultation assistance.
To sign up, complete this form and return by August 12, 2009.

Yes, Sign Me Up!

Establishment: _____	# of Employees: _____
Contact Person: _____	Title: _____
Type of Business: _____	<input type="checkbox"/> General Industry <input type="checkbox"/> Construction
Address: _____	County: _____
City: _____	Zip: _____
Phone # _____	Fax # _____
Cell Phone # _____	E-Mail _____
Does your company have open inspections with Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

How did you hear about "Take a Stand Day"?

<input type="checkbox"/> Association/Organization	<input type="checkbox"/> Media/Newsletter/PSA	<input type="checkbox"/> Website
<input type="checkbox"/> MIOSHA	<input type="checkbox"/> Seminar	<input type="checkbox"/> Other: _____

Consultation Requested:

<input type="checkbox"/> Accident Prevention - Construction	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Power Press
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Safety & Health Mgt. System	<input type="checkbox"/> Noise
<input type="checkbox"/> Bloodborne	<input type="checkbox"/> Hazard Communication (RTK)	<input type="checkbox"/> Hazard Survey
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> PPE
<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Machine Guarding	<input type="checkbox"/> Recordkeeping
<input type="checkbox"/> Excavation	<input type="checkbox"/> Other: _____	

Additional Information:

	Mail, fax, or e-mail this form to: MIOSHA / CET 7150 Harris Drive P.O. Box 30643 Lansing, MI 48909-8143 Fax #: 517-322-1374 cetrc@michigan.gov
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*** *The section below is for MIOSHA use only.* ***

Assigned To: _____	Date Assigned: _____	Date Approved: _____
	Assigned By: _____	Approved By: _____
Consultation Contact Completed		
Date Received: _____	Initial Contact Date: _____	
NAICS _____	SIC _____	
Action: _____		

Need Additional CET Follow-Up	Yes <input type="checkbox"/>	No <input type="checkbox"/>	CET Consultant: _____
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